PATENT

CASE #F3312(C)

UNUS #02-0310-UNI

RECEIVED
CENTRAL FAX CENTER

JAN ! 2 2006

#### CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to:

ed to:

"Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450"

on Jarfuary 11, 2006

Gerard J. McGowan, Jr. Attorney of Record Reg. No. 29,412 January 11, 2006 Date of Signature

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Serial No.: Panaioli et al. 10/616,144

Filed:

July 8, 2003

For:

Frozen Layered Pasta Product

Group:

1761

Examiner: Maureen C. Donovan Englewood Cliffs, New Jersey 07632

# <u>PETITION FOR EXTENSION OF TIME TO FILE A RESPONSE</u>

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicants petition the Commissioner for Patents to extend the time to file a Response for two months from November 12, 2005 to January 12, 2006.

Please charge Deposit Account No. 12-1155 in the amount of \$450.00 to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to this deposit account. This request is being submitted in triplicate.

01/12/2006 TL0111

00000061 121155

Respectfully submitted,

02 FC:1252

450.00 DA

Gerard J. McGowan, Jr. Attorney for Applicant Registration No. 29,412

GJM/pod (201) 894-2297 10616144

#### **CERTIFICATE OF FACSIMILE**

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> "Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450"

on Jarguary 11, 2006 12-BL

GERARD J. MCGOWAN

Reg. No. 29,412

Attorney for Applicant(s)

UNITED STATES DEPT. OF COMMERCE Patent and Trademark Office

**COMMISSIONER FOR PATENTS** P.O. Box 1450 Alexandria, VA 22313-1450

RECEIVED **CENTRAL FAX CENTER** 

JAN 12 2006

In reapplication of:

Serial No.:

Panaioli et al.

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For:

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Trapsmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

## **CLAIMS AS AMENDED**

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Addilional Fee
Total Claims		Minus			\$ 50.00	
Independent Claims		Minus			\$ 200.00	
Multiple Claims					\$ 360.00	

ntry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

[X] 37 C.F.R. ≥ 1.16;

[X] 37 C.F.R. ≥ 1.17;

[X] 37 C.F.R. ∋ 1.18.

Triplicate copies of this letter are enclosed.

GJM/pod (201) 894-2297 Gerard J. McGowan

Attorney of Record

Reg. #29,412

<sup>\*\*</sup>If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.